UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/KGZ/1
14 July 1999

ORIGINAL: ENGLISH

Third regular session 1999
13 - 17 September 1999, New York
Item 8 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Kyrgyzstan

Proposed UNFPA assistance:	$5.0 million, $3.5 million from regular resources and $1.5 million from multi-bilateral and/or other, including regular, resources
Programme period:	5 years (2000-2004)
Cycle of assistance:	First
Category per decision 96/15:	Country with economy in transition

Proposed assistance by core programme area (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.5	1.0	3.5
Population and development strategies	0.7	0.5	1.2
Programme coordination and assistance	0.3	-	0.3
Total	3.5	1.5	5.0

/...

KYRGYZSTAN

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	98	≥60
Contraceptive prevalence rate (15-44) (%)[1]	60	≥55
Access to basic health services (%)	--	≥60
Infant mortality rate (/1000)[2]	40	≤50
Maternal mortality ratio (/100,000)[3]	110	≤100
Gross female enrolment rate at primary level (%)[3]	96	≥75
Adult female literacy rate(%)	--	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

---

[1] Macro International Inc., *Kyrgyz Republic Demographic and Health Survey 1997*, Calverton, Maryland, USA, 1998.

[2] Population Division, Department of Economic and Social Affairs, United Nations Secretariat, *World Population Prospects : The 1998 Revision*.

[3] United Nations ACC Task Force on Basic Social Services, *Wall Chart on Basic Social Services for All*, 1997

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2000	4,699	Annual population growth rate (%)	0.55
Population in year 2015 (000)	5,461	Urban	1.81
Sex ratio (/100 females)	96.2	Rural	-.20
Per cent urban	39	Total fertility rate (/woman)	3.21
Age distribution (%)		Life expectancy at birth (years)	
Ages 0-14	35.0	Males	63.3
Youth (15-24)	19.0	Females	71.9
Ages 60+	8.9	Both sexes	67.6
		GNP per capita (U.S. dollars, 1997)	480

Sources: Data are from the Population Division, Department of Economic and Social Affairs, United Nations Secretariat, World Population Prospects: The 1998 Revision; Urban and rural data, for2000-2005 are from United Nations, World Urbanization Prospects: The 1996 Revision; GNP per capita is from the World Bank. Two dashes (--) indicate that data are not available.

NB. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2000-2004 to assist the Government of Kyrgyzstan in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $5.0 million, of which $3.5 million would be programmed from UNFPA regular resources, to the extent that such resources are available. UNFPA would seek to provide the balance of $1.5 million from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the Fund's first programme of assistance to Kyrgyzstan. Assistance was earlier provided to Kyrgyzstan under a Fund-supported subregional programme (1995-1999).

2. The proposed programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations and takes into account the development objectives of the Government as set out in the National Strategy of Sustainable Human Development. It is based on the recommendations of the UNFPA Country Population Assessment (CPA), conducted under the leadership of a national steering committee with the assistance of a team of national experts, UNFPA Country Support Team (CST) advisers and international consultants. The programme is harmonized with the programme cycles of UNDP and UNICEF assistance. The proposed programme was developed based on the Common Country Assessment (CCA) and UNFPA will collaborate with United Nations Development Group (UNDG) partners in updating the CCA and preparing for the United Nations Development Assistance Framework (UNDAF) exercise at the end of the programme cycle.

3. Following the International Conference on Population and Development (ICPD), the Government undertook the development of a national reproductive health policy and action plan, reflecting its commitment to the principles and recommendations of the ICPD Programme of Action. In addition, it established a number of presidential-level commissions and issued decrees to advance the status of women, recognize adolescents' needs, promote the role of civil society and advocate reproductive rights.

4. The proposed programme would contribute to achieving the goals of the National Strategy of Sustainable Human Development by improving the reproductive health status of women and men of all ages; promoting gender equity and equality; and developing and using resources optimally to achieve a sustainable balance between population, environment and resources. UNFPA support would be provided through two subprogrammes, one in reproductive health and the other in population and development strategies. Gender considerations and advocacy activities would be mainstreamed in the two subprogrammes.

5. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the General Assembly in its resolution 49/128.

Background

6. Kyrgyzstan is a largely mountainous country with a population estimated at 4.7 million (1998)[1]. For the last decade, the annual population growth rate has remained at about 1.3 per cent, except during 1992-1994, when migration was high. Educational attainment is high, with nearly 67 per cent of the population aged 15 and above having completed secondary or higher education.

7. Gross domestic product declined by about 45 per cent during the initial period of economic transition (1991 to 1995). In the same period, employment in the public sector showed a dramatic decline, from 53 to 27 per cent, affecting mainly the female labour force. The rate of unemployment has continued to increase, especially in rural areas. Approximately 62 per cent of the population lives below the poverty line, one third under conditions of extreme poverty. Malnutrition has increased, particularly among women and children. The average life expectancy at birth (62.6 years for men and 71.4 for women in 1997) has decreased since 1991. The average age at marriage is approximately 21.

8. The 1997 Demographic and Health Survey (DHS) indicates a total fertility rate of 3.4, with average fertility in the rural areas estimated to be 3.9. For the period 1994-1996, DHS reports an age-specific fertility rate of 79 per 1,000 women aged 15 to 19. Although the average age at first birth is 22, one fifth of women of reproductive age give birth before the age of 20. The lifetime total abortion rate is estimated at 1.6 per woman. For women 35 years of age and older, the number of abortions exceeds the number of live births; 27 per cent of induced abortions are preceded by a contraceptive failure. According to the 1997 DHS, knowledge of contraception is almost universal: 97 per cent of all women reported knowing a modern method, and 49 per cent of currently married women reported using a modern method, mainly the intra-uterine device (IUD).

9. Nearly all births take place in maternal hospitals, and most pregnant women are closely screened for pregnancy-related health risks. However, the officially recorded maternal mortality ratio of 63 per 100,000 live births (1997) remains high. The infant mortality rate is recorded at 26 per 1,000 live births (1996).

10. After Independence, the Government assigned greater priority to family planning under a new programme called "Healthy Nation", which aims at improving women's health by reducing maternal and infant mortality through family planning. Under this policy, the Ministry of Health was made responsible for the provision of family planning services throughout the country. The main goal of the family planning policy is to ensure low-risk pregnancies and good maternal health.

11. In 1994, the Government initiated the national health sector reform called the Manas Health Care Reform Programme, which seeks to make the health-care system more cost-effective through a shift to resource allocation based on needs and out-patient primary health-care (PHC) delivery. It plans

---

[1] *Unless otherwise indicated, the data given in the text are from governmental sources, including the Ministry of Health, and may vary from the data in the fact sheet.*

to combine specialists in "family group practices" and provides a basis for privatization through an employer-financed insurance arrangement while ensuring that an essential package of basic health-care services, including family planning, remains available free of charge to those enrolled in a family group practice.

Previous UNFPA assistance

12. In response to General Assembly Resolution 47/187 requesting the Secretary-General to report on the role of the United Nations system in addressing problems confronting "countries with an economy in transition", UNFPA undertook an assessment in 1992 of the countries of Central Asia and launched an emergency programme of assistance, consisting primarily of basic medical equipment, contraceptive supplies and the training of health staff. In 1995, the UNDP/UNFPA Executive Board approved a programme of assistance to this subregion, subsequently extended through 1999. By the end of 1999, Kyrgyzstan will have received assistance amounting to approximately $5.5 million under this subregional programme.

13. UNFPA assistance focused on reducing the high rate of induced abortions, increasing the short birth intervals, broadening the contraceptive method mix and promoting informed contraceptive choice through counselling and the provision of adequate information, education and communication (IEC). International non-governmental organizations (NGOs) were engaged to provide the technical assistance required to train physicians in modern contraceptive technology, counselling techniques, the concept of safe motherhood, infection control and the prevention of sexually transmitted diseases (STDs), and other issues of importance to quality of care.

14. The success of a number of UNFPA-supported initiatives under the current subregional programme has strengthened the Fund's comparative advantage in Kyrgyzstan and provided a base for expanded activities. The awareness of policy makers and programme managers of "good practices" in reproductive health care has been enhanced, and a safe-sex education campaign that was launched in collaboration with the City of Bishkek is being extended to cover all oblasts (provinces). The programme made innovative use of the existing social patronage system (a network of non-medical volunteers which provides welfare services, including home visits, to the most vulnerable families in the community) in the southern oblasts of Osh and Djalal-Abad to strengthen the outreach capacity of the health-care system and contribute to a cost-effective integration of reproductive health services into PHC. These efforts would be expanded to better cover the rural areas and, once workers are trained in issues of adolescent reproductive health, they will begin working with youth. The technical assistance, training and data processing equipment that UNFPA provided in support of the preparations for the 1999 National Population and Housing Census enhance the Fund's ability to support integrated population and development planning, including support to a reorganized National Commission on Population.

15. The lessons learned from these initial activities, as summarized in the end-of-programme evaluation, suggested that future programme impact would benefit from stronger coordination at national and oblast (provincial) levels, systematic monitoring and follow-up, the training of paramedical

staff and the establishment of a core of communication expertise for reproductive health within one key institution with the capacity to produce and distribute culturally appropriate IEC materials in sufficient quantities.

Other external assistance

16. The World Bank is providing approximately $15 million in support of the Manas Health Care Reform Programme, particularly for the subcomponent on women's reproductive health in the PHC component. The United States Agency for International Development (USAID) is collaborating closely with the World Bank and aims at strengthening and expanding family group practices with an emphasis on reproductive health and family planning, in addition to the procurement of basic medical equipment. The World Health Organization (WHO) and UNICEF are providing technical support for training in family group practices.

17. Negotiations are under way for the reconstruction of health-care facilities in Osh and Djalal-Abad through the support of the Asian Development Bank, the Islamic Development Bank, and the Governments of Japan and Austria. The Government of Switzerland is supporting the upgrading of hospitals in Djalal-Abad and Bishkek. The Deutsche Gesellschaft für Technische Zumsammenarbeit (GTZ), WHO, the International Planned Parenthood Federation (with multi-bilateral funding through UNFPA from the Government of the Netherlands) and several other NGOs are providing assistance for reproductive health. The Government of Germany provided funding for the procurement of contraceptives. The Government of Finland provided funding to help support the 1999 census.

Proposed programme

18. In line with the goals referred to in paragraph 4, the proposed programme would advance reproductive health and strengthen population and development planning through activities undertaken within the context of the National Strategy of Sustainable Human Development, launched by the President in May 1997. The National Strategy, which provides the overarching framework for national development planning, aims at developing national capacity and human and social potential, fostering a competitive economy and building democratic governance through decentralization and the formation of local self-governing institutions and community-based development. The proposed programme reflects the analyses and recommendations presented in the CPA and the evaluation conducted at the end of the subregional programme of assistance. Particular attention would be focused on addressing the reproductive health needs of women and adolescents, within the context of implementing the Manas Health Care Reform Programme. Coordination with other major donors at the national level would include participation in sectoral inter-agency meetings and regular consultations with the relevant departments of the State Commission for Foreign Investment and Economic Assistance.

19. The proposed assistance would be organized into two subprogrammes: reproductive health, and population and development strategies. The two subprogrammes are formulated so as to provide a framework of assistance that maximizes synergy and fosters cost-effective and efficient collaboration between sectors.

20. Reproductive health subprogramme. The purpose of the reproductive health subprogramme would be to contribute to improving the quality and increasing the utilization of integrated reproductive health services and information. The research and public awareness generated through the population and development strategies subprogramme would contribute to the successful implementation of the reproductive health subprogramme.

21. The first expected output of this subprogramme would be strengthened coordinated implementation of a reproductive health management information system that includes contraceptive supply and distribution. One of the CPA recommendations for strategic action is the development of a reproductive health management information system, which is a high priority of the Manas Health Care Reform Programme. In the Chuy Oblast and Bishkek City, such a system has already been set up in support of the operations of the family group practices, using a newly designed clinic record-keeping system. The programme would complement and build on these activities, and UNFPA would support the development of specific software programmes that permit data entry relevant to indicators for monitoring programme performance in such areas as service delivery and quality of care; improvement in reproductive health; and the system for the storage, distribution and management of reproductive health/family planning (RH/FP) commodities.

22. The Department of Maternity and Child Health of the Ministry of Health manages the reproductive health programme throughout the country. Oblast-level health administrations are relatively autonomous. UNFPA proposes to support the establishment of a logistics and management information system linking the different administrative levels in selected oblasts, namely, the pilot oblast for health-care reform and the rural areas of the oblasts in which previous UNFPA assistance was concentrated.

23. The proposed broadening of the available contraceptive method mix would consolidate the trend, indicated by DHS findings, of a decreasing incidence of abortion as contraceptive use increases. An in-depth contraceptive requirements and logistics management needs study would be undertaken to permit the strategic upgrading of the contraceptive supply and management system. Special attention would be given to piloting a cost-recovery mechanism, social marketing and other types of cooperation with the private sector in order to help achieve sustainability. In view of the magnitude of the resources required to ensure an adequate and reliable supply of contraceptives, the subprogramme would propose to mobilize multi-bilateral or other resources.

24. Qualitative and sociocultural research would be conducted to obtain a better understanding of the types of contraceptives to be promoted and the related training and IEC required to achieve quality of care best practices among providers and satisfaction among users. Contraceptive methods for protection from STDs and for family planning would be actively promoted following an assessment of the prevalence of STDs. This research would be conducted by the centres supported through the population and development strategies subprogramme.

25. A second output would be improved access to reproductive health services in PHC outlets through the integration of such services and the promotion of a healthy lifestyle, with the active involvement of civil society organizations and a focus on the rural areas of selected oblasts. The Manas Health Care Reform Programme gives considerable attention to training as a means of building the capacity of Government and civil society to improve public health. The training of nurses, midwives and feldshers (community health workers) would contribute to significantly expanding the availability of integrated reproductive health services, particularly in rural and remote areas. Together with a strengthened logistics system, improvements in the quality of care are expected to broaden contraceptive choice and increase the utilization of services. To further expand services in rural areas, community outreach channels such as those developed by the Women Resource Centres and the Sustainable Human Development Centres would be employed to build community support and mobilize community acceptance of reproductive health services.

26. The subprogramme would also aim to strengthen national capacity to formulate and implement RH/FP communication strategies and programmes. A comprehensive national communication plan in support of reproductive health is essential to improve programme impact in Kyrgyzstan. The aim of an IEC strategy would be to support the approval and implementation of the Law on Reproductive Health Protection to meet the goal of improving quality of reproductive health services, including meeting the unmet demand for services and information.

27. Given the generally high literacy levels of the Kyrgyz people, IEC materials would contribute to improving public health and well-being by providing accurate information on reproductive health, including family planning, to counter misinformation regarding contraceptive methods and to reduce the dependence on abortions. Enhancing the interpersonal and counselling skills of service providers would contribute to a greater understanding of male and female roles and responsibilities and of reproductive health in the context of human and reproductive rights. It would also help promote free and informed choice and discourage abortion as a contraceptive practice. For an effective IEC strategy, it would be important to assess the impact and use of materials currently available through NGOs and other institutions; to identify priority audiences and the communication channels and methods to be used; and to identify potential partners, such as the National AIDS Centre. A special IEC component would be developed to address sensitive issues, such as adolescent reproductive health, reproductive rights and the introduction of surgical contraception.

28. Of the $3.5 million to be allocated to the reproductive health subprogramme, $1.0 million would be sought from multi-bilateral and other sources. UNFPA has already initiated consultations with potential donors, particularly for the co-financing of procurement of commodities, including condoms and other contraceptives.

29. Population and development strategies subprogramme. The population and development strategies subprogramme would seek to strengthen the national capacity for processing population data for programme planning, implementation and evaluation, and for formulating and implementing comprehensive population and development policies and strategies that encompass reproductive health as well as environmental issues. The first output under this subprogramme would be an increased

capacity to develop, implement and monitor population and development strategies and policies, primarily through the reorganization of the National Commission on Population, including broadening its scope beyond population census operations. The Commission would also have the important function of providing further technical inputs required for the approval of the Law on Reproductive Health Protection, in accordance with ICPD goals and principles.

30. The subprogramme would also aim at strengthening the data collection and research capacity of the State Statistical Office to provide the qualitative and quantitative information required for population and development policy planning and integrated decision-making. Information collected by the State Statistical Office would be shared with the National Commission on Population for population policy-making. Such a capacity would be valuable for monitoring the impact of national development initiatives and for providing the indicators required to update the CCA and formulate the UNDAF.

31. The subprogramme would seek to strengthen the institutional capacity of the State Statistical Office so that it could coordinate the implementation of a research agenda undertaken with the collaboration of selected institutes, such as the Research Institute of Obstetrics and Pediatrics, the Marriage and Family Guidance Bureau, the proposed Centre for Gender Analysis and university faculties as well as NGOs. Research-based initiatives in reproductive health would benefit from close collaboration with the United Kingdom's Department for International Development (DFID)-funded research programme in which four academic institutions are involved, including the Centre for Sexual Health Research at the University of Southampton in the United Kingdom.

32. The third expected output of the subprogramme would be improved public awareness and a strengthening of the political leadership's support for the implementation of the ICPD goals, with a focus on rural areas in the oblasts selected for reproductive health assistance. The strategy would be to simultaneously reach three important groups of Kyrgyz society through the implementation of well-targeted public awareness initiatives. At the central level, assistance is envisaged for the establishment of a parliamentary group on population and development; at the community and decentralized levels, assistance would be provided for promoting the active involvement of the traditional leadership structures in programme development and planning for community based-services and collaboration with NGOs; and, overall, support would be generated through familiarizing key mass media workers in television and radio with critical issues pertaining to reproductive health and rights, adolescent reproductive health needs, violence against women, healthy lifestyles and the environment. Enhancing awareness and understanding of population and development interlinkages would also contribute to an environment conducive to the introduction of sexuality education. This would facilitate the implementation of the Government's reproductive health education programme for young people, supported by DFID.

33. Of the $1.2 million to be allocated under the subprogramme, $0.5 million would be sought from multi-bilateral and other sources. Consultations have already been initiated to seek support from the community of donors for specific population and development research and training activities.

Programme implementation, coordination, monitoring and evaluation

34. The implementation of the proposed programme would be undertaken by a combination of government organizations, national and international NGOs, and United Nations agencies selected on the basis of their respective comparative advantages and technical and institutional capacities. Support for execution from international NGOs may be required, for example, for training in RH/FP- and STD-related areas, law and policy IEC and advocacy. Technical backstopping would be provided by UNFPA CST advisers and other national and international experts, as required.

35. The reproductive health subprogramme would be executed primarily by the Ministry of Health, in direct consultation with decentralized local authorities concerning community-level implementation. Special attention would be paid to strengthening coordination among all the partners with regard to improved access to high-quality reproductive health services. Coordination would be sought with other programmes, including the area-based development and decentralization programmes supported by UNDP. Within the context of the United Nations inter-agency working group, regular consultations would be held with governmental organizations, NGOs and all concerned donors. The implementation of the population and development strategies subprogramme would be undertaken by selected specialized national agencies. A high-level commission would coordinate and guide the overall population and development planning process and facilitate integrated decision-making. The recruitment of national professional project personnel would be required to assist key national executing agencies in building technical and institutional capacity for programme implementation, management, monitoring and evaluation.

36. Programme implementation would be monitored and evaluated in accordance with established UNFPA guidelines and procedures. Qualitative and quantitative indicators would be used to monitor progress. The collection of baseline data at the start of the programme and the use of the logical framework approach in the UNFPA programming process would facilitate the evaluation, to be held in late 2003 or early 2004. Regular project site visits and annual component project reporting would provide the necessary inputs for annual programme and subprogramme reviews. The mid-term review would be held in 2002 and would assess overall progress and the adequacy of strategies and activities; this review may result in the adoption of programme adjustments for the remainder of the cycle.

37. The UNFPA Country Director for Kyrgyzstan, based in Tashkent, Uzbekistan, has responsibility for the UNFPA programme in Kyrgyzstan. The Country Director is assisted by a National Programme Officer and a Secretary attached to the office of the UNFPA Representative, who is also the UNDP Resident Representative. The capacity of the UNFPA country office would be enhanced through training provided to all programme and project staff. The training would cover such topics as UNFPA

programme policies and procedures, accountability, NGO capacity-building, gender equity and equality and other key concepts of the ICPD Programme of Action.

38. Under the proposed programme for Kyrgyzstan, the amount of $0.3 million from regular resources would be allocated for programme coordination and assistance.

Recommendation

39. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Kyrgyzstan, as presented above, in the amount of $5.0 million for the period 2000-2004, of which $3.5 million would be allocated from the Fund's regular resources, to the extent such resources are available. UNFPA would seek the balance of $1.5 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with the Executive Board decision 96/15 on the allocation of UNFPA resources.

*****